101546153

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

008895-0325576

| CLAIMS AS FILED - PART I  |  |   |  |                                   |  |                  |   | SMALL EN            | TITY                   |        | OTHER THAN                 |  |
|---|--|---|--|-----------------------------------|--|------------------|---|---------------------|------------------------|--------|----------------------------|--|
|   |  |   | (Column 1)   |                                   | (Column 2)                             |                  |   | TYPE                |                        | OR<br> | SMALL ENTITY               |  |
| U.S. NATIONAL STAGE FEES  |  |   |  |                                   |  |                  |   | RATÉ                | FEE                    | ]      | RATE                       | FEE  |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150  |                                   | LARGE ENT. = \$ 300                    |                  |   | BASIC FEE           | 120                    | OR     | BASIC FEE                  |  |
| EXAMINATION FEE   |  |   | Satisfies PCT<br>(4) = \$ 5  | 50/\$100                          | All other situations = \$ 100 / \$ 200 |                  |   | EXAM. FEE           | 100                    | 1      | EXAM. FEE                  | <del>                                     </del> |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   | All other situations = \$ 250 / \$ 500 |                  |   | SEARCH FEE          | 210                    |        | SEARCH FEE                 |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | 22 mi  | nus 100 =                         | / 50 =                                 |                  |   | X \$ 125 =          |                        |        | X \$ 250 =                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 3/ "   | ninus 20 =                        | .//                                    |                  |   | X \$ 25 =           | 425                    | OR     | X \$ 50 =                  |  |
| INDEPENDENT CLAIMS  |  |   | 17   | minus 3 =                         | •                                      |                  |   | X \$ 100 =          |                        | OR     | X \$ 200 =                 |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT  |                                   |  |                  |   | + \$ 180 =          |                        | OR     | + \$ 360 =                 |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |  |                                   |  |                  |   | TOTAL               | 875                    | OR     | TOTAL                      |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |  |                                   |  |                  |   | SMALL ENTITY        |                        | OR     | OTHER THAN<br>SMALL ENTITY |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |  | PREVIO<br>PAID                    | BER<br>DUSLY                           | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | *   | Minus  | **                                |  | =                | Ŀ | X \$ 25 =           |                        | OR     | X \$ 50 =                  |  |
|   | Independent                                    | <u> </u>                                  | Minus  | ***                               |  | =                |   | X \$ 100 =          |                        | OR     | X \$ 200 =                 |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                  |   | + \$ 180 =          |                        | OR     | + \$ 360 =                 |  |
| 7   |  |   |  | -                                 |  |                  |   | TOTAL ADDIT.<br>FEE |                        | ОR     | TOTAL ADDIT.<br>FEE        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |  |                                   |  |                  |   |                     |                        |        |                            |  |
| N N   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY                             | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                       | ADDI-<br>TIONAL<br>FEE                           |
|   | Total  | *   | Minus  | **                                |  | =                |   | X \$ 25 =           |                        | OR     | X \$ 50 =                  |  |
|   | Independent                                    | *   | Minus  | ***                               |  | = .              | Γ | X \$ 100 =          |                        | OR     | X \$ 200 =                 |  |
| ·   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                  | Γ | + \$ 180 =          |                        | OR     | + \$ 360 =                 |  |
|   |  |   |  |                                   |  |                  | T | OTAL ADDIT.<br>FEE  |                        | OR     | TOTAL ADDIT.<br>FEE        |  |
|   |  |   |  |                                   | •                                      |                  |   |                     |                        |        |                            |  |

if the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> if the "Highest Number Previously Pald For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.